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PTO/SB/01	-	Attorney D	ocket Number	1440-00009								
(8/96)		First Name	ed Inventor	Louis D. Atkinson								
DECLAR			COMPLETE IF KNOWN									
Declaration OR		Application										
Submitted with	☐ Submitted a	1 ming Date										
Initial Filing	Initial Filing	Group Art										
		Examiner	Name									
As a below named inventor, I hereby declare that:												
My residence, post office address, and citizenship are as stated below next to my name.												
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:												
LIQUID LEVEL MAINTAINING SYSTEM												
(Title of the Invention)												
the specification of which is attached hereto												
OR												
OR												
□ was filed on (MM/DD/YY	YY)	s United States A	pplication Number or PCT									
International Number and was amended on (MM/DD/YYYY) and was amended on (MM/DD/YYYY)												
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.												
amended by any amenamen	it opoomodily rolono	. 10 00010.										
				defined in 37 C.F.R. 1.56, including for								
continuation-in-part applicati and the national or PCT inter				een the filing date of the prior application								
				l) or §365(b) of any foreign application(s)								
				ternational application which designed at								
least one country other than	the United States of	f America, listed b	elow and have al	so identified below, by checking the box,								
			tificate(s), or of a	ny PCT international application having a								
filing date before that of the												
Prior Foreign	Country	Foreign Filing Da		, , ,								
Application Number(s)		(MM/DD/YYYY) Claimed	YES NO								
;												
☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:												
I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.												
Application Number(s)	Filing D	ate (MM/DD/YYYY		tional provisional								
			☐ Appli	cation numbers are								
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L	<u> </u>		here	to.								

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DECLARATION																					
I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365© of any PCT international application designated the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States of PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.																					
	U.S. Parent Application PCT Parent Number					ing Date			ent Pater	nt Number											
Numbe			(MM/DD/YYYY)				(if applicable)														
☐ Additional U	.S. or PCT	nternational app	lication nur	nbers a	re liste	d on a sup	plement	al priority	sheet atta	ached hereto											
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Name		Registrat			Nar				Registra	ation											
		Numbe							Numb												
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George H. Solve		25,927		Jeffrey	S. Sol	kol			35,68												
Gary A. Essmai		29,376			n L. Fa				27,70)9	ĺ										
Thomas M. Wo		28,922		Aaron T. Olejniczak			ŀ		54,85	53											
	Michael E. Taken 28,120			Peter T. Holsen				54,180													
Joseph J. Jochr	man, Jr.	25,058									ļ										
☐ Additional at	torney(s) ar	nd/or agent(s) na	med on a	supplem	ental s	heet attac	hed here	to.	-												
Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto. Please direct all correspondence to:																					
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CITY	Milwauke			STATE	= 1 \	isconsin		710 (CODE	53202-4178											
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		tements made h						FAX			nation										
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United											false										
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ADDITIONAL INVENTOR(S) **DECLARATION** Supplemental Sheet Name of Additional Joint Inventor, if any:
Given Name (first and middle [if any]) ☐ A petition has been filed for this unsigned inventor Family Name or Surname Shane T. **Bloomer** Inventor's Date 3 24 (04 Domer Shane Signature Oak Creek WI **USA USA RESIDENCE: City** State Country Citizenship 2175 West Greenbriar Court, Apt. 1B POST OFFICE ADDRESS 53154 **USA** Oak Creek WI State Zip Country